	diective October 1, 2	003		/
CLAIM	S AS FILED - PART			0029408
TOTAL CLAIMS	(Column 1)	(Column 2)	SMALL ENT	ITY
		150(011111 2)	TYPE	T PINCH I
FOR	NUMBER FILED		RATE	FEE DE
TOTAL CHARGEABLE CLAIM	WOWIDER FILED	NUMBER EXTRA	BASIC FEE 3	OF CO MAIL
	minus 20=	*	1 1	BASIC FEE 7
INDEPENDENT CLAIMS	minus 3 = 1	k	X\$ 9=	OR X\$18=
MULTIPLE DEPENDENT CLAIN	PRESENT		X43=	
				OR X86=
If the difference in column 1	is less than zero, enter "	0" in column a	+145=	OR +290=
CLAIMS AS	AMENDED - PART	••	TOTAL	
1001011111	(Column			
CLAIMS REMAINING AFTER AMENDMENT Total Independent *	HIGHES	1 (3)	SMALL ENTI	OTHER THA
AFTER AMENDMENT	NUMBER PREVIOUS	LY	ADI	01-
Total *	Minus PAID FOR	EXTRA	RATE TION	
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TO TO TW	OLTIPLE DEPENDENT CL	AIM .	X43=	OR X86=
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(Column 1)	(Column 2)	(Column 3)	ADDIT. FEE	OR TOTAL ADDIT FEE
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ndependent + 6	Ain.	=	X\$ 9=	OR X\$18=
IRST PRESENTATION OF MUL	TIPLE DEPENDENT CLAIM		X43=	1
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(Column 1)		Al	TOTAL DDIT. FEE	OP TOTAL
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ST PRESENTATION OF MULTIF	PLE DEPENDENT CLAIM	11	43=	
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ntry in column 1 is less than the entr Highest Number Previously Paid For Highest Number Previously Paid For ghest Number Previously Paid For	y in column 2, write "0" in colum	nn 3	45= OI	R +290=
righest Number Previously Paid For Highest Number Previously Paid For ghest Number Previously Paid For (Rev. 10/03)	IN THIS SPACE is less than 2	0, enter "20."	TOTAL	TOTAL
				1